

Docket No. <b>30227</b>
----------------------------

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### GAUCHER DISEASE DRUGS AND METHODS OF IDENTIFYING SAME

the specification of which

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is attached hereto.

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**was filed on 18 April 2004** as ~~United States Application No.~~ or PCT

**International Application Number PCT/IL2004/000335**

~~and was amended on~~

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

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I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

156273  
(Number)

Israel  
(Country)

2 June 2003  
(Day/Month/Year Filed)

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(Number)

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I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

60/463,049

(Application Serial No.)

16 April 2003

(Filing Date)

\_\_\_\_\_  
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Martin MOYNIHAN      Registration Number 40,338

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PRTSI, Inc.  
P.O. Box 16446  
Arlington, Virginia 22215

Direct Telephone Calls to: *(name and telephone number)*

**Martin MOYNIHAN**      Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR		<b>Anthony FUTERMAN</b>
Sole or first inventor's signature	<u>A. Futerman</u>	Date <u>29/8/05</u>
Residence	:	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel
Citizenship	:	
Post Office Address	:	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel

FULL NAME OF SECOND INVENTOR, IF ANY		<b>Joel, L. SUSSMAN</b>
Second inventor's signature		Date
Residence	:	42 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship	:	
Post Office Address	:	42 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF THIRD INVENTOR, IF ANY		<b>Israel SILMAN</b>
Third inventor's signature		Date
Residence	:	54 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship	:	
Post Office Address	:	54 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Michal HAREL</b>
Fourth inventor's signature _____		Date _____
Residence	:	2 HaParag Street, 76568 Rehovot, Israel
Citizenship	:	ISRAELI
Post Office Address	:	2 HaParag Street, 76568 Rehovot, Israel

FULL NAME OF FIFTH INVENTOR , IF ANY		<b>Hay DVIR</b>
Fifth inventor's signature _____		Date _____
Residence	:	67/9 Kalman Magen Street, 99532 Beit Shemesh, Israel
Citizenship	:	ISRAELI
Post Office Address	:	67/9 Kalman Magen Street, 99532 Beit Shemesh, Israel

FULL NAME OF SIXTH INVENTOR , IF ANY		<b>Lilly TOKER</b>
Sixth inventor's signature _____		Date _____
Residence	:	41 Dubnov Street, 76406 Rehovot, Israel
Citizenship	:	ISRAELI
Post Office Address	:	41 Dubnov Street, 76406 Rehovot, Israel

FULL NAME OF SEVENTH INVENTOR , IF ANY		<b>Swetlana ADAMSKY</b>
Seventh inventor's signature _____		Date _____
Residence	:	50 Hershenzon Street, 76484 Rehovot, Israel
Citizenship	:	ISRAELI
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Form PTO-SB-01 (6-95) (Modified)

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Sole or first inventor's signature		Date _____
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FULL NAME OF SECOND INVENTOR, IF ANY		<b>Joel, L. SUSSMAN</b>
Second inventor's signature		Date <u>4 OCT 2001</u>
Residence	:	42 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship	:	
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FULL NAME OF THIRD INVENTOR, IF ANY		<b>Israel SILMAN</b>
Third inventor's signature		Date _____
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Second inventor's signature		Date
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Third inventor's signature		Date
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Fourth inventor's signature	<u>Michal Harel</u>	Date <u>1.11.05</u>
Residence	:	2 HaParag Street, 76568 Rehovot, Israel
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Sixth inventor's signature		Date
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<u>60/463,049</u>	<u>16 April 2003</u>
(Application Serial No.)	(Filing Date)
 _____	 _____
(Application Serial No.)	(Filing Date)
 _____	 _____
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112. I acknowledge the duty to disclose to the United States Patent and Trademark Office all the information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

<u>PCT/IL2004/000335</u>	<u>18 April 2004</u>	_____
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
 _____	 _____	 _____
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
 _____	 _____	 _____
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Martin MOYNIHAN      Registration Number 40,338

Send Correspondence to: **Martin MOYNIHAN**  
PRTSI, Inc.  
P.O. Box 16446  
Arlington, Virginia 22215

Direct Telephone Calls to: *(name and telephone number)*

**Martin MOYNIHAN**      Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR	<b>Anthony FUTERMAN</b>
Sole or first inventor's signature _____	Date _____
Residence :	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel
Citizenship :	ISRAELI
Post Office Address :	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel

FULL NAME OF SECOND INVENTOR , IF ANY	<b>Joel L. SUSSMAN</b>
Second inventor's signature _____	Date _____
Residence :	42 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship :	ISRAELI
Post Office Address :	42 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF THIRD INVENTOR , IF ANY	<b>Israel SILMAN</b>
Third inventor's signature _____	Date _____
Residence :	54 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship :	ISRAELI
Post Office Address :	54 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Michal HAREL</b>
Fourth inventor's signature		Date
Residence	:	2 HaParag Street, 76568 Rehovot, Israel
Citizenship	:	
Post Office Address	:	2 HaParag Street, 76568 Rehovot, Israel

FULL NAME OF FIFTH INVENTOR , IF ANY		<b>Hay DVIR</b>
Fifth Inventor's signature		Date <u>11.1.05</u>
Residence	:	67/9 Kalman Magen Street, 99532 Beit Shemesh, Israel
Citizenship	:	
Post Office Address	:	67/9 Kalman Magen Street, 99532 Belt Shemesh, Israel

FULL NAME OF SIXTH INVENTOR , IF ANY		<b>Lilly TOKER</b>
Sixth inventor's signature		Date
Residence	:	41 Dubnov Street, 76406 Rehovot, Israel
Citizenship	:	
Post Office Address	:	41 Dubnov Street, 76406 Rehovot, Israel

FULL NAME OF SEVENTH INVENTOR , IF ANY		<b>Swetlana ADAMSKY</b>
Sixth Inventor's signature		Date
Residence	:	50 Hershenzon Street, 76484 Rehovot, Israel
Citizenship	:	
Post Office Address	:	50 Hershenzon Street, 76484 Rehovot, Israel

Docket No.  
**30227**

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### GAUCHER DISEASE DRUGS AND METHODS OF IDENTIFYING SAME

the specification of which

☐

is attached hereto.

☒

**was filed on 18 April 2004** as ~~United States Application No.~~ or PCT

**International Application Number PCT/IL2004/000335**

~~and was amended on~~

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of federal Regulations, Section 1.56. Including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

156273  
(Number)

Israel  
(Country)

2 June 2003  
(Day/Month/Year Filed)

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\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
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Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR	<b>Anthony FUTERMAN</b>
Sole or first inventor's signature _____	Date _____
Residence :	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel
Citizenship :	ISRAELI
Post Office Address :	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel

FULL NAME OF SECOND INVENTOR , IF ANY	<b>Joel L. SUSSMAN</b>
Second inventor's signature _____	Date _____
Residence :	42 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship :	ISRAELI
Post Office Address :	42 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF THIRD INVENTOR , IF ANY	<b>Israel SILMAN</b>
Third inventor's signature _____	Date _____
Residence :	54 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship :	ISRAELI
Post Office Address :	54 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Michal HAREL</b>
Fourth inventor's signature _____		Date _____
Residence	:	2 HaParag Street, 76568 Rehovot, Israel
Citizenship	:	
Post Office Address	:	2 HaParag Street, 76568 Rehovot, Israel

FULL NAME OF FIFTH INVENTOR , IF ANY		<b>Hay DVIR</b>
Fifth inventor's signature _____		Date _____
Residence	:	67/9 Kalman Magen Street, 99532 Beit Shemesh, Israel
Citizenship	:	
Post Office Address	:	67/9 Kalman Magen Street, 99532 Beit Shemesh, Israel

FULL NAME OF SIXTH INVENTOR , IF ANY		<b>Lilly TOKER</b>
Sixth inventor's signature _____ <u>לילי טוקר</u>		Date <u>22.11.05</u>
Residence	:	41 Dubnov Street, 76406 Rehovot, Israel
Citizenship	:	
Post Office Address	:	41 Dubnov Street, 76406 Rehovot, Israel

FULL NAME OF SEVENTH INVENTOR , IF ANY		<b>Swetlana ADAMSKY</b>
Sixth inventor's signature _____		Date _____
Residence	:	50 Hershenzon Street, 76484 Rehovot, Israel
Citizenship	:	
Post Office Address	:	50 Hershenzon Street, 76484 Rehovot, Israel



Docket No. <b>30227</b>
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### GAUCHER DISEASE DRUGS AND METHODS OF IDENTIFYING SAME

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**was filed on 18 April 2004 as ~~United States Application No.~~ or PCT**

**International Application Number PCT/IL2004/000335**

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Priority Not Claimed

156273  
(Number)

Israel  
(Country)

2 June 2003  
(Day/Month/Year Filed)

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(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

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(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
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		(patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status)
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Martin MOYNIHAN . Registration Number 40,338

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Direct Telephone Calls to: *(name and telephone number)*

**Martin MOYNIHAN** Tel. No. (703) 598-7851  
 Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR		<b>Anthony FUTERMAN</b>
Sole or first inventor's signature _____		Date _____
Residence	:	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel
Citizenship	:	ISRAELI
Post Office Address	:	12 Neve Metz, The Weizmann Institute of Science, 76100 Rehovot, Israel


FULL NAME OF SECOND INVENTOR , IF ANY		<b>Joel L. SUSSMAN</b>
Second inventor's signature _____		Date _____
Residence	:	42 HaNassi HaRishon Street, 76302 Rehovot, Israel
Citizenship	:	ISRAELI
Post Office Address	:	42 HaNassi HaRishon Street, 76302 Rehovot, Israel

FULL NAME OF THIRD INVENTOR , IF ANY		<b>Israel SILMAN</b>
Third inventor's signature _____		Date _____
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Citizenship	:	ISRAELI
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FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Michal HAREL</b>
Fourth inventor's signature		Date _____
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Post Office Address	:	2 HaParag Street, 76568 Rehovot, Israel

FULL NAME OF FIFTH INVENTOR , IF ANY		<b>Hay DVIR</b>
Fifth inventor's signature		Date _____
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Post Office Address	:	67/9 Kalman Magen Street, 99532 Beit Shemesh, Israel

FULL NAME OF SIXTH INVENTOR , IF ANY		<b>Lilly TOKER</b>
Sixth inventor's signature		Date _____
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FULL NAME OF SEVENTH INVENTOR , IF ANY		<b>Swetlana ADAMSKY</b>
7 <sup>th</sup> Seventh inventor's signature 		Date <u>29.08.05</u>
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